

MONTANA

The following prior authorizations are required for Dentures:

1. All full dentures must be prior authorized.
2. All partial dentures must be prior authorized.
3. All relines must be prior authorized.
4. All jumps must be prior authorized.
5. All replacement dentures must be prior authorized.
1. Replacement of dentures is allowed when one of the following circumstances occurs:
 - a. Partial dentures that are at least five years old may be replaced by full dentures.
 - b. It is determined that the existing dentures are causing the patient serious physical medical problems.
2. Jumping is allowed for dentures between five (5) and ten (10) years old.
3. Relines are allowed at three (3) year intervals, except that the first relines of immediate dentures are allowed three months after placement of the dentures.

The following limitations apply to Dentures:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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The following limitations apply to Prosthetic Devices:

1. Orthopedic shoes are excluded unless they are attached to a brace. This does not include diabetic shoes as defined by Medicare and outlined by Medicare.
2. Shoe repair and shoe corrections are excluded.
3. Prior to the fitting and purchase of a hearing aid, a physician or mid-level practitioner must complete a hearing aid evaluation or refer the Medicaid recipient to a licensed audiologist for the hearing aid evaluation.
4. For a Medicaid recipient, a hearing aid purchased by Medicaid will be replaced no more than once in a 5 year period and only if:
 - a. The original hearing aid has been irreparably broken after the 1 year warranty period or has been lost;
 - b. The provider's records document the loss or broken condition of the original hearing aid; or
 - c. The original hearing aid no longer meets the needs of the recipient and a new hearing aid is determined to be medically necessary by a licensed audiologist
5. Hearing aid rentals are allowed only in connection with the recipient being fitted for a new hearing aid. Rentals are limited to a maximum of 30 days.
6. Limitations outlined in Numbers 4 and 5 do not apply to services required as a result of EPSDT.

The following prior authorizations apply to Prosthetic Devices:

1. All requests for the purchase of hearing aid(s) are prior authorized by the Department or its designee.
2. Items (other than hearing aids) costing \$1000 or more require prior authorization before the service is provided.
3. Items (other than hearing aids) costing less than \$1000 do not require prior authorization unless that item is required to be reviewed by the Department prior to reimbursement as outlined in the Provider Manual.

MONTANA

The following limitations apply to Eyeglass Services:

1. A Medicaid recipient is limited to one pair of eyeglasses (frames and lenses) per 730 day period except for situations outlined in the provider manual.
2. A Medicaid recipient may obtain replacement lenses 365 days after the dispensing of the existing eyeglasses if the lenses are not usable.
3. Limitation does not apply to services required as a result of EPSDT.

TN# 97-012 Approved 12/19/97
Supersedes TN#89(10)9

Effective 08/01/97

MONTANA

The following limitations apply to Diagnostic Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



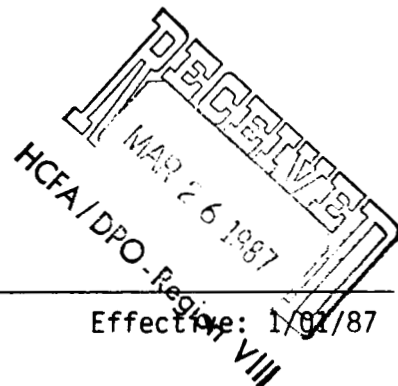
MONTANA

The following limitations apply to Screening Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



TN #87-10-06

Approved 5/22/87

Effective: 1/01/87

Supersedes TN #85-10-12

SPLAN/mm-30

Supplement to
Attachment 3.1B

Service 13c
Preventive Services

MONTANA

The following limitations apply to Preventive Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



TN #87-10-06

Approved 5/22/87

Effective 1/01/87

Supercedes TN #85-10-12

SPLAN/mm-31

MONTANA

The following limitations apply to Rehabilitative Services:

A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

B. Rehabilitative Services are mental health services provided outside of the clinic setting that might otherwise be provided in the clinic.

Rehabilitative Services must be provided by a licensed mental health center, or in cases where no mental health center is willing or able to provide the services, they may be provided by an organization designated, approved and under contract with the Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services.

Supplement to
Attachment 3.1B

Service 14a
Inpatient Hospital
Services for
Individuals Age 65 or
Older in Institutions
for Mental Disease

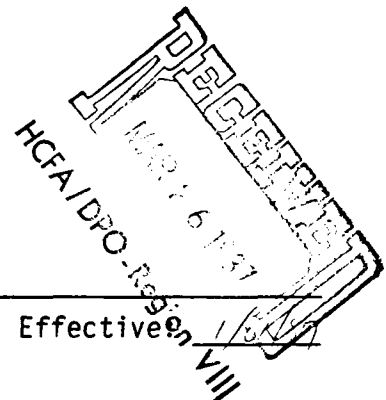
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The following limitations apply to Inpatient Hospital Services for Individuals Age 65 or Older in Institutions for Mental Disease:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.



Supplement to
Attachment 3.1B

Service 14b
Skilled Nursing
Facility Services for
Individuals Age 65 or
Older in Institutions
for Mental Disease

MONTANA

The following limitations apply to Skilled Nursing Facility Services for Individuals Age 65 or Older in Institutions for Mental Disease:

- A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

- B. Items or services that are not included in the payment benefit for services rendered by a nursing facility in the Montana Medicaid Program, but for which the resident may be charged are as follows:

1. Vitamins, multivitamins;
2. Calcium supplements;
3. Nasal decongestants and antihistamines;

Supplement to
Attachment 3.1B

Service 14b
~~Skilled Nursing~~
Facility Services for
Individuals Age 65 or
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4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);
5. Shaving soap;
6. Toothpaste, toothbrush;
7. Cosmetics;
8. Hair combs;
9. Brushes;
10. Tobacco products and accessories;
11. Personal dry cleaning;
12. Beauty shop services;
13. Television rental;
14. Less-than-effective drugs (exclusive of stock items);
15. Over-the-counter drugs (exclusive of the following routine stock items; acetaminophen, aspirin, milk of magnesia, mineral oil, suppositories for evacuation, maalox and mylanta)